

## VIA FACSIMILE

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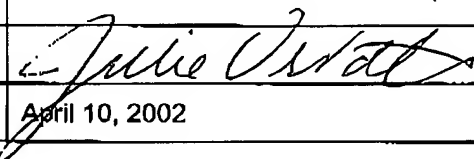
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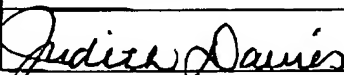
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<b>TRANSMITTAL FORM</b>  <i>(To be used for all correspondence after initial filing)</i>	Application Number	09/276,484
	Filing Date	March 25, 1999
	First Named Inventor	Alexander Gaiger
	Group Art Unit	1644
	Examiner Name	Ron Schwadron
	Attorney Docket No.	210121.465C:1

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD(s), Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional Enclosure(s) (please identify below): _____ _____ _____
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Individual Name	Julie A. Urvater, Ph.D.	 00500 PATENT TRADEMARK OFFICE
Signature		
Date	April 10, 2002	

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being facsimiled to: Examiner Ron Schwadron, Commissioner for Patents, Washington, D.C. 20231 on the date specified below.		
Typed or printed name	Judith Davies	
Signature		Date: April 10, 2002

**SEED**

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April 10, 2002

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**Facsimile Transmission**

APR 11 2002

**GROUP 1600** 4 pages including this page**TO: Examiner Ron Schwadron**

Fax No.: 703-308-4242

Phone No.: 703-308-4680

**RE: Response to Examiner Communication of 3/15/02**

Your Reference: 09/276,484

**Our Reference: 210121.465C1**

☒ Urgent    ☐ For Review    ☐ Please Confirm Receipt    ☐ Please Reply ASAP

**Comments:**

Dear Examiner Schwadron: Per our telephone conversation yesterday, April 9, 2002, attached is a Response to Office Communication of 3/15/02 concerning the Response to Office Action of 11/15/01. Please let me know if you require anything further. Thank you.

If you do not receive all pages, please call Judy Davies at (206) 622-4900 or fax our office.

Transmission Information: Date \_\_\_\_\_ Time \_\_\_\_\_ By \_\_\_\_\_

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